



DECLARATION OF EXPENSES DUE TO THE DISASTER

This form is required and must be completed by all applicants

Applicant(s): _____

Damaged Address: _____

This form allows you to report how you spent any disaster recovery benefits that you received from other sources outside of the State of North Carolina's Housing Recovery Program funds. If you can document that you spent your benefits on eligible recovery expenses, you may be able to receive a higher benefit amount. Providing proof of expenses may increase your reimbursement amount or benefit amount.

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If you had NO documented expenses, please check this box
Otherwise, proceed to the instructions for the expense form below.

You must provide documentation such as receipts or paid invoices with this form in order to receive credit for your expenses.

Do not attach original receipts and do not attach receipts. Please copy receipts onto an 8 1/2" by 11" sheet of paper before attaching them. For each piece of documentation you provide, you must describe the type of expense the receipt or invoice represents. You cannot receive credit for an expense unless you provide a clear explanation of the expense.

The **insert the State Agency or UGLG** will accept receipts if the documentation was dated between October 8, 2016 and the date of your application or October 8, 2017 whichever is earlier. Providing receipts for preconstruction activities, permit fees or filing fees may increase your reimbursement amount and/or award amount.

The homeowner hereby affirms that the expense(s) claimed are true and correct and the expense(s) was/were incurred by the homeowner as a result of the October 8, 2016 disaster event in **insert UGLG location**, North Carolina and all of the documentation provided by me to the **insert the State Agency or UGLG** is true and correct. The expense(s) identified on this form include ALL expenses that were incurred within the timeframe set forth above as of the date this form was signed.

My/our signature below indicates that I/we have read, understood, and agree that all statements on this form are true. I/We understand that any misrepresentation will result in the forfeiture of my/our right to participate in the North Carolina HRP Reimbursement Program and may result in legal action against me/us.

Property Owner

Date

Property Owner

Date

